

**PROPOSED MINUTES**  
**Child Services Oversight Committee**  
**Thursday, May 8, 2014, 1:00 P.M. to 2:15 P.M.**  
**Indiana State House, Room 431**

**Members present:** Senator Carlin Yoder; Mary Beth Bonaventura, Director, Indiana Department of Child Services; Hon. Christopher Burnham, Morgan Superior Court 2; Leslie Dunn, GAL/CASA, Division of State Court Administration, Indiana Supreme Court; Larry Landis, Executive Director, Indiana Public Defender Council; Sean McCrindle, Vice President of Program Operations, Bashor Children's Home; Suzanne O'Malley, Prosecuting Attorney Council; Representative Gail Riecken.

**Members absent:** Senator John Broden; Jolene Bracale, Program Coordinator for Student Health, Department of Education; Representative Kevin Mahan.

**Guest Presenters:** Brady Brookes, Legislative Director, Department of Child Services; Dr. Richard T. "Ty" Rowleson, Clinical Services Manager, Department of Child Services; Gretchen Martin, Child Fatality Review Team Coordinator, Indiana State Department of Health.

**Commission Staff present:** Jordan Rose, State Senate.

1. **Welcome.** Sen. Yoder welcomed everyone to the meeting and reminded everyone that it's being streamed live.
2. **Review of DCS Oversight Committee Protocol (SEA 80 & Children's Commission).** Sen. Yoder explained that the legislature recently overhauled its interim study committees, and so technically this committee was erased. Based on feedback, it was decided that the body needed to remain, so it was placed under the Commission for the Improvement of the Status of Children (CISC) and now makes reports to that body, which then reports to the legislature. The committee will largely stay the same. Sen. Yoder directed everyone to the handout provided by Brady Brookes to examine the composition of the committee, noting that it remained unchanged. Sen. Yoder explained that he will serve a two year term as the chairman of this committee and foresees meeting three times a year instead of the previous four times a year, however he noted that he is not entirely set on that point and is open to recommendations. He said that he will set the agenda, but there will always be an email sent out a couple of weeks beforehand to get input. He can decide whether or not there will be testimony—today there won't be, but that won't always be the case. He explained that notes would be kept by his legislative assistant, Jordan Rose. Sen. Yoder explained that the committee would work together to prepare a report prior to November 1, 2014. He opened the floor for questions, but there were not. He concluded that this is a highly important committee, and praised the positive, non-adversarial, relationship that had been established with the Department of Child Services (DCS).

The floor was then opened for introductions.

3. **DCS Quarterly Data Report.** Brady Brookes, Legislative Director of DCS, presented quarterly data which she provided in a handout. She began by looking at the DCS hotline and noted that the number of calls was increasing while the average speed on answer was also encouraging. She moved on to Child In Need of Services (CHINS) data, stating that the number of cases has gone up slightly, but that the relative home placements continue to increase which indicates that staff are embracing the practice model. The sibling placement report was also described as encouraging, as those numbers are also increasing. The data related to maltreatment in foster care has remained stable; DCS wishes those numbers were lower, but are glad that they're not increasing. In looking at staff, Ms. Brookes noted that the turnover number for April 2014 is 16.4%. For the hotline specifically, the turnover rate was 15.8% for April 2014, compared with 49.6% in June

2012. She concluded by stating that the data related to the percent of support being collected versus owed also showed improvement.

Sen. Yoder opened the floor for questions. At this time, Rep. Riecken asked where she could find the hotline turnover numbers in her handout. Ms. Brookes said that those figures were not in the handout, but repeated them verbally.

4. DCS Clinical Services. Ms. Brookes introduced Dr. Richard T. “Ty” Rowlison, DCS Clinical Services Manager, to begin his presentation. Dr. Rowlison has over 20 years of experience.

Dr. Rowlison expressed his appreciation at the opportunity to discuss these issues. He began by defining trauma as any event that will overwhelm a child’s coping capacity. He established that trauma can affect a child’s brain development (leading to impulsive behavior and difficulty with school and relationships) as well as health. He stated that children who have four or more traumatic experiences will have an increased risk for chronic health conditions and premature death. This is particularly important to DCS because the children entering their system have a much higher chance of having undergone a traumatic event or repetitive trauma. Simply removing the child from the bad situation is not enough to remove the child’s learned response, so their well-being needs to be improved.

He then introduced the Clinical Resource Team, which he heads up. This team of 14 with over 250 years of collective experience was initiated from the field as they realized the significant health needs of traumatized children. They are regionally based and provide local consultation, liaise between the department and providers, provide linkage to help kids get into other programs, and assess and educate local offices. Their decisions are guided by the priorities of ensuring safety for children and families, seeking the best permanency outcomes, providing evidence-based treatment, planning for the child’s future beyond DCS, and advocating for the Family Case Manager (FCM) and local DCS office.

Dr. Rowlison defined “evidence-based practices” as interventions for which there is consistent scientific evidence showing that they improve client outcomes. This approach is a prerequisite for DCS-contracted providers because they are proven, cost-effective, standardized, and create better communication between providers and FCMs.

He then moved on to the psychotropic medication initiative. The department has seen a dramatic increase in the use and dosage of these drugs, earlier and earlier in children. As a result, they have been looking at moving towards best practices. These best practices include measures such as comprehensive screenings, partnering with families for consent, improving the availability of mental health consultation, and establishing information portals. He expressed excitement about the Psychotropic Medication Advisory Committee, which has representatives from many agencies. They meet quarterly and are focused on coming up with a set of best practice parameters and creating a consultation program with IU Department of Psychology. They are also working on establishing reports on monthly basis for Medicaid Claims Database to show outlier patients.

As his next topic of discussion, Dr. Rowlison explained that the Critical Incident Response Team is an internal team for DCS based on the idea that staff must be supported in a trauma-informed system. When staff are exposed to horrific situations, they often have secondary trauma. This program helps reduce turnover by addressing that trauma with the team. The Team is composed of people from the field (FCMs and others) for a peer-to-peer model. The team can be called upon to respond to a special incident and travel to local office.

At the conclusion of Dr. Rowlison’s presentation, Sen. Yoder opened the floor for questions.

Sen. Yoder began by having Dr. Rowlison define secondary trauma and requesting figures. He responded that secondary trauma is similar to burnout in that the staff person will experience personal symptoms that may progress into full Post-Traumatic Stress Disorder. He insisted that it is a very real issue to be dealt with, and while he did not bring figures with him, the percentage of those affected is “significant.”

Rep. Riecken continued by pondering whether the dearth of psychiatrists and psychologists might be addressed by establishing scholarships for these high-demand jobs. She suggested that Commissioner Lubbers with the Commission for Higher Education might explore that approach. She then inquired regarding who made referrals for children taking too many prescriptions. Dr. Rowlison replied that the program related to referrals is still in the process of being negotiated with the IU Department of Psychology. However, he said that when DCS does identify such cases, they will make the referral to IU, and the IU provider would then contact the patient’s current provider to consult.

Rep. Riecken then addressed Leslie Dunn to find out where in this process CASA would be. Leslie responded that the CASA is appointed at the first hearing of the case, and continued that they often raised questions and concerns related to medicines to DCS.

Judge Burnham then asked how Dr. Rowlison’s team interacted with the Juvenile Detention Alternatives Initiative (JDAI), which is assessing children with similar issues who are in secure detention facilities. He wanted to know if DCS Clinical Services was sharing their findings. Dr. Rowlison replied that they work with local probation officials on cases with dual involvement, and participate in conferences alongside them on these topics. Judge Burnham then commented that the initial assessments are getting good information, and that many of the children in secure detention facilities share many of the same issues that Dr. Rowlison brought up.

Sean McCrindle asked if the consultation program with IU would be confined to DCS or if other providers would be able to take advantage of it as well. Dr. Rowlison explained that initially the request would be through DCS, and contractually it would be for DCS-involved youth. However, extending it beyond that to children who don’t meet best practices would be the overall intent.

Mr. McCrindle followed up by asking about trauma care in the state. Dr. Rowlison stated that access to providers with training in the right models was probably their biggest challenge, one that came down to the expense of training for the provider.

5. Update on DCS Hiring. Ms. Brookes returned to give an update on DCS’s recent hiring. She stated that the 2014-2015 budget made allocations for 136 new Family Case Managers (FCMs) and 76 FCM Supervisors. Each of the FCMs have been hired, and 65 of the 75 supervisors have been hired. Additionally, 50 of their 110 field staff positions have been filled, with another 21 to be filled by BSW students, leaving 39 positions remaining. For regional hotlines, the Blackford and Lawrence County locations are fully staffed. St. Joseph County and Vanderburgh County are still in the process of being staffed, but the process has begun. Due to hiring challenges in Vanderburgh County, initial plans were scaled back and they are one position away from being fully staffed.

Questions related to hiring were permitted by the Chairman.

Judge Burnham wanted to know the impact on hotline data given fully-staffed facilities. Ms. Brookes credited the staffing with the decrease in wait-time. She said that the change took place around December, which is when wait-times went down to around 20 seconds.

Rep. Riecken noted that there had been issues securing social workers and staff in Vanderburgh County given that ISU and USI have many non-traditional students who have difficulty in getting away to do training. She expressed appreciation for DCS's work in establishing the regional hotline there.

6. Update on Community Mental Health Initiative (CMHI). Ms. Brookes then provided an update on the Community Mental Health Initiative, which provides access to intensive wrap-around and residential services to children with complex mental or behavioral health needs who are at risk for entering the child welfare or juvenile delinquency system. Historically, these children would not have access to service without a welfare or probation case and court involvement. Since November 2012, there have been 620 referrals with 177 served and 140 receiving services on March 31. This program was in all counties as of March 21, 2014, so those positive results are expected to increase now that there is a statewide presence.

There were many questions from the members when Sen. Yoder permitted opened the floor. Sen. Yoder began by asking parents' reactions given that schools can refer children for services. Ms. Brooks replied that DCS is being told, anecdotally, that the teachers are calling the parents to give them the information about where to call and that the parents are making the referral calls themselves. Mary Beth Bonaventura, DCS's Executive Director, reiterated that this is not being viewed as adversarial. She said that children with mental health needs had been underserved and needed a judge to make them a delinquent or a parent to abandon them in order to get services. However, there was not child abuse in these cases. Under this program, a child with a problem can be referred and the parents can make the decisions. 99% of these cases have been done in the homes of the families, and the children are not being labelled for the rest of their lives. She said she was aware that 620 referrals did not sound like many, but 81 counties have rolled out in the past few months so they are just starting out. She expressed excitement and pride in the staff.

Larry Landis followed up by saying that public defenders are very complimentary of the program. They were critical on CHINS and the difficulty of getting services, so this is filling a vacuum. He said he hopes that the program expands significantly, and that they need to determine how to get the legislature to increase funding.

Rep. Riecken then inquired how the 620 referrals affected the \$25 million budget. Ms. Bonaventura replied that they would be better equipped to answer that question in a year when they have figures from the state-wide roll-out.

7. Update on Local Child Fatality Review Teams. Gretchen Martin, Child FRT Coordinator at the Department of Health, presented an update on local Child Fatality Review Teams. She began by showing the increase in Indiana teams since her last presentation in October 13, 2013. There are now 76 counties on board, or 82% of the state. They are currently supporting these existing teams while assisting the implementation of more and providing continuing education and training to member organizations. Ms. Martin explained several barriers that they are dealing with. These included the difficulty of completing a narrative when the county of incident differed from the county of death due to transportation for medical care, the sharing of vital records between states when incidents occur near borders, and collaboration between CFRs and Fetal Infant Mortality Reviews (FIMRs). She also pointed out that some teams had the capability to expand to near fatalities and serious injury cases as well, which would increase their data collection and do more prevention.

Their plan is to continue assisting local teams with implementation and providing training, which may be funded through grant money. They would like to expand the FIMR review protocol across the state to investigate risk factors relating to Indiana's extremely high infant mortality rates to determine solutions. FIMRs and CFRs differ in their approaches—FIMRs are medically-based with a focus on interventions and improving health services, while CFS are multidisciplinary with a focus on identifying issues and

implementing intervention and prevention systems. The main issue is that many local areas do not have the capacity to conduct FIMR reviews because they don't have the resources locally. For that reason, Ms. Martin said a statewide FIMR team to assist in areas lacking the capacity might be helpful.

Sen. Yoder began the questioning by asking who was responsible in each county for setting up a local CFR. Ms. Martin responded that the prosecutor is in charge of convening a committee who makes decisions and sets up the groups. Sen. Yoder followed up by asking why some counties still do not have their teams established and whether information gathering is an issue she faces. Ms. Martin said that some counties may have local teams that have not contacted her. She cited business and a lack of engagement in the process as potential causes for the lack of progress. However, she said that based on her discussions with the Children's Alliance of Wisconsin (which has been doing similar work), Indiana is making good progress. Ms. Martin concluded that she is "gently reminding" the locals about the need to set up CFRs.

Judge Burnham said that he supports expanding into investigating serious injuries and near-fatalities as resources permit, because such cases are especially useful for prevention. He then inquired about Neonatal Abstinence Syndrome's role in the mortality rates Ms. Martin cited. However, since her background until very recently was at DCS and not public health, she said she was not the best person to answer. Rep. Riecken then added that the Attorney General had recently started an initiative on the topic through SEA 408, which she believed was under the umbrella of the CISC.

Rep. Riecken went on to say that, while Vanderburgh County was not noted in the presentation as having a CFR, they have an active team and the prosecutor is working on it.

Suzanne O'Malley stated that with 91 prosecutors, it is difficult to have a project completed on a uniform timeline. She explained that there are several "two people counties" where there are only two people responsible for all of the tasks. She also said that one issue they are running into is that some places do not have hospitals and thus struggle with the medical piece. They require assistance putting teams together because they do not have the resources to get it done. They do have people calling for directions, and since it has not even been a year yet and the rates are close to 100%, she is pleased with the progress. She said that after January, there should be better numbers.

8. Discussion of Future Agenda Topics. Sen. Yoder asked members if they had topics to suggest for the meeting, which he tentatively expected to be held in August or September.

Rep. Riecken was recognized and passed out copies of the Attorney General's report on child trafficking. She explained that child trafficking involved a coercion of youths for prostitution or labor and that it was an issue for both foreign and domestic children. She then asked Abby Kuzman from the Consumer Protection Division of the Attorney General's Office to speak. Ms. Kuzman began defining and outlining human trafficking and her interaction with the issue from 2005 to present. Rep. Riecken retook the floor to state that child trafficking was integrally a DCS issue and suggested that it be designated a study issue or one that the Committee could keep tabs on. Sen. Yoder pointed out that the Committee's study of the topic would need to be confined strictly to DCS's involvement in the matter. He suggested recommending it to the CISC for broader exploration while the Committee retained its DCS focus. Ms. Brookes was then recognized to point out that the topic is already on the CISC's summer agenda with Ms. Kuzman slated to speak. Mr. Landis added that perhaps the definition could be expanded so that when victims turn 18 they are not criminalized as prostitutes. Sen. Yoder confirmed that Mr. Landis is also a member of the CISC.

The discussion ended with Sen. Yoder recommending that future agenda item ideas be emailed to himself or Ms. Rose for consideration. He said that he would be sending an email with August and/or September date options to choose from to determine the best option.